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EFS ID: 11602

Application ID: 09681803

Title of Invention: Curing of a Gel Coat on a Mold

First Named Inventor: Larry Crump

Domestic/Foreign Application: Domestic Application

Filing Date: null

Effective Receipt Date: 2001–06–07

Submission Type: Utility Patent Filing

Filing Type: new-utility

Confirmation Number: 0

Attorney Docket Number: CCP-3358(1)

cn=Gary R. Plotecher, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder: Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

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Total Fees Authorized: \$1020.0

Payment Category: DA – Deposit Account

Deposit Account Number: 232053

Deposit Account Name: Gary R. Plotecher

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: CCP-3358(1)

Curing of a Gel Coat on a Mold

First Named Inventor: Larry Scott Crump

SUBMITTED BY

Name:

Gary R. Plotecher

Registration Number:

27830

Electronic Signature Mark: /grp

Date Signed: 20010607

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Attached Files:

bibd-transmittal

CCP3358apds.xml

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specification

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declaration

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declaration

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declaration

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Comments:

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	FOR UTILITY OR	First Named Inve	ntor	Crump, Larry Scott			
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Prior Foreign Application Number(s)	Country	Foreign Filing Data (MM/DD/YYYY)	Priority Not Claimed	Cartified Copy Attached?7 VES NO			
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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the emburil of time you are required to complete this form should be sent to the Chief information Office. Patent and Tradement Office, Washington, DC 20231. DO MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Direct all correspondence to: Customer Number or Bar Code Labal 022202 OR Correspondence address below the process of the Code Labal 022202 Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief at believed to be true; and further that these statements were made with the knowledge that withit false statements and the like or made at punishable by fine or implementment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Nome or Sumame Larry Scott Inventor's Signature Crump Date Us/of Residence: City Gladstone State MO Country USA Citigenanip US Post Office Address City Gladstone State MO Zie 64118 Country USA Signature City Gladstone State MO Zie 64118 Country USA	Na.	mi					Name			
Direct all correspondence to: Customer Number or Bar Code Labal 022202 OR Correspondence address below the process of the Code Labal 022202 Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief at believed to be true; and further that these statements were made with the knowledge that withit false statements and the like or made at punishable by fine or implementment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacquardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Nome or Sumame Larry Scott Inventor's Signature Crump Date Us/of Residence: City Gladstone State MO Country USA Citigenanip US Post Office Address City Gladstone State MO Zie 64118 Country USA Signature City Gladstone State MO Zie 64118 Country USA										
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Country Telephone Telephone Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief at believed to be true; and further that these statements which the knowledge has which felias statements made on information and belief at believed to be true; and further that these statements made and information and belief at believed to be true; and further that these statements made on information and belief at believed to be true; and further that these statements made and information and belief and belief to be true; and further that these statements made and information and belief and belief to be true; and the properties the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame Crump Crump Date 6/5/o ₁ Residence: City Gladstone The Crump Date 6/5/o ₁ Country USA Citizenship US Additional inventors are being named on the 1 supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached here	Name									
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Chy Prairie Village

inventor's Signature

Residence: City

Mailing Address
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Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
Name of Additional Joint Inventor, if				A petition has be	en filed for	this unsigned inventor	
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Inventor's Jures E. Jees	 					Date 6/6/01	
Residence: City Mission	s	tata KS		Country USA		Citizenship US	
Mailing Address 6552 W. 49th St.							
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Residence: City Prairie Village	5	tata KS		Country USA		Citizenship French	
Mailing Address 3504 W. 71st St.							
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FEE TRANSMITTAL

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TOTAL FEES AUTHORIZED: \$ 1020

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SUBMITTED BY

Authorized Name:

Gary R. Plotecher

Electronic Signature Mark:

/grp

Date Signed:

20010607

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 35	103	\$ 18	15	\$ 270
Independent Claims: 2	102	\$ 80	0	\$ 0

Subtotal For Extra Claims Fees: \$ 270

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid	
Recording Each Patent Assignment Per Property Fee	581	\$ 40	

Subtotal For Additional Fees: \$ 40